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CONFIRMATION NO. 5132

|                                    |  |                     |                               |  |
|------------------------------------|--|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/725,575 | <b>FILING OR 371 (c) DATE</b><br>12/03/2003<br><b>RULE</b> | <b>CLASS</b><br>602 | <b>GROUP ART UNIT</b><br>3772 | <b>ATTORNEY DOCKET NUMBER</b><br>SIGU3002/JE |
|------------------------------------|--|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of 60/482,775 06/27/2003  
 and claims benefit of 60/503,546 09/17/2003  
 and claims benefit of 60/518,317 11/10/2003

*KNL*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*N/A*

**IF REQUIRED, FOREIGN FILING**

**LICENSE GRANTED \*\* 02/27/2004**

|  |  |                                    |                             |                           |                                |
|--|--|------------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>h</i><br>Examiner's Signature Initials | <b>STATE OR COUNTRY</b><br>ICELAND | <b>SHEETS DRAWING</b><br>10 | <b>TOTAL CLAIMS</b><br>28 | <b>INDEPENDENT CLAIMS</b><br>2 |
|--|--|------------------------------------|-----------------------------|---------------------------|--------------------------------|

**ADDRESS**

23364

**TITLE**

Wound dressing

|                                   |  |  |
|-----------------------------------|--|--|
| <b>FILING FEE RECEIVED</b><br>914 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees  |
|                                   |  | <input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Process Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |

No. \_\_\_\_\_ for following:

Other

Credit